

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.						
TOTAL DER.						
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BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS